

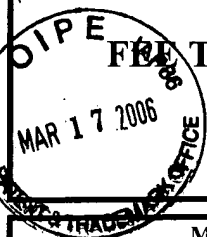


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Attorney Docket Number ADI-099										
In re Application of Jones et al.												
Application Serial No. 10/720,845												
Filed: November 24, 2003												
Group Art Unit: 3728		Examiner: Stashick, Anthony D.										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above entitled application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired)</p> <table border="0"><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$</td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$ 450.00</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$_____.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge the required fee to Deposit Account No. 20-0531. Enclosed is a duplicate of this sheet.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 20-0531.</p> <p><input checked="" type="checkbox"/> Return receipt postcard enclosed.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 450.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$											
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 450.00											
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$											
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$											
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK										
Direct all correspondence to: Patent Administrator Goodwin Procter LLP Exchange Place Boston, MA 02109 Tel. No.: (617) 570-1000 Fax No.: (617) 523-1231 Customer No. 051414		Respectfully submitted, John V. Forcier Attorney for Applicant(s) Goodwin Procter LLP Exchange Place Boston, MA 02109										

03/17/2006 MBIZUNES 00000054 10720845

01 FC:1252

450.00 QP

**FEE TRANSMITTAL**
FY 2006*Complete if Known*

Application Serial Number	10/720,845
Filing Date	November 24, 2003
First Named Inventor	Jones
Group Art Unit	3728
Examiner	Stashick, Anthony D.
Attorney Docket No.	ADI-099

METHOD OF PAYMENT

1. ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other
2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. **07-1700**.
- ☐ Required Fees (copy of this sheet enclosed).
- ☒ Additional fee required under 37 CFR 1.16 and 1.17.
- ☒ Overpayment Credit.
3. ☐ Applicant claims small entity status.

FEE CALCULATION**1. FILING/SEARCH/EXAM/SIZE FEES****Large Entity**

Fee (\$)	Fee Description	Fee Paid
300	Utility filing fee	
500	Utility search fee	
200	Utility exam fee	
250	Utility size fee (each add'l 50 pgs. over 100)	
200	Design filing fee	
100	Design search fee	
130	Design exam fee	
250	Design size fee (each add'l 50 pgs. over 100)	

	Number Filed	Number Extra	Rate	Amount
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Total Claims - 20 = 0 x \$ 50.00 =

Independent Claims - 3 = 0 x \$200.00 =

☐ Multiple Dependent Claim(s), if any \$360.00 =

TOTAL:

SMALL ENTITY DISCOUNT:

SUBTOTAL (1) (\$)

2. AMENDMENT CLAIM FEES

Claims	Highest No. Remained After Amend.	Present Previously Paid For	Extra	Rate	Fee Paid
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Total - 28 = x \$ 50.00 =

Indep. - 3 = x \$200.00=

☐ First Presentation of Multiple Dep. Claim + \$360.00=

TOTAL: (\$)

SMALL ENTITY DISCOUNT: (\$)

SUBTOTAL (2) (\$) 0.00

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee (\$)	Small Entity Fee (\$)
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Fee Description**Fee Paid**

130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte reexamination	
120	60	Extension for reply within first month	
450	225	Extension for reply within second month	450.00
1020	510	Extension for reply within third month	
1590	795	Extension for reply within fourth month	
2160	1080	Extension for reply within fifth month	
500	250	Notice of Appeal	
500	250	Filing a brief in support of an appeal	
1000	500	Request for oral hearing	
400	400	Petitions to the Commissioner (Gp. I)	
200	200	Petitions to the Commissioner (Gp. II)	
130	130	Petitions to the Commissioner (Gp. III)	
180	180	Submission of Information Disclosure Statement	
790	395	Filing a submission after final rejection (37 CFR 1.129(a))	
790	395	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
130	65	Submission of Terminal Disclaimer	
Other fee (Specify)			
Other fee (Specify)			

SUBTOTAL (3)**(\$) 450.00****SUBTOTAL (1)**

0.00

SUBTOTAL (2)

0.00

SUBTOTAL (3)

450.00

TOTAL (\$) 450.00**CORRESPONDENCE ADDRESS**

Direct all correspondence to:

Patent Administrator
Goodwin Procter LLP
Exchange Place
Boston, MA 02109
Tel. No.: (617) 570-1000
Fax No.: (617) 523-1231
Customer No. 051414

SIGNATURE BLOCK

Respectfully submitted,

Date: March 15, 2006
Reg. No.: 42,545
Tel. No.: (617) 570-1607
Fax No.: (617) 523-1231

John V. Forcier
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